

Case Number:	CM15-0148622		
Date Assigned:	08/11/2015	Date of Injury:	09/23/2009
Decision Date:	09/22/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/31/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractic

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old male, who sustained an industrial injury, September 23, 2009. The injury was sustained when the injured worker was pull in a window air conditioner and pushing up with the right hand when the injured worker felt a snap and pulling pain in the right wrist. The injured worker's hand and wrist became swollen. The injured worker previously received the following treatments random toxicology laboratory on February 7, 2015 which was negative for any unexpected findings, Naproxen, Cyclobenzaprine, Pantoprazole, Tramadol, topical compound creams, chiropractic care, right wrist x-rays, physical therapy, acupuncture, right wrist MRI and right shoulder MRI. The injured worker was diagnosed with right shoulder impingement syndrome, rule our tear, right elbow lateral epicondylitis, right arm strain and status post right wrist carpal tunnel release. According to progress note of April 28, 2015, the injured worker's chief complaint was right shoulder pain .The pain was rated at 6-9 out of 10. The right elbow pain was rated at 6-7 out of 10 and the right wrist pain with numbness. The physical exam noted tenderness to the right shoulder. There was decreased range of motion to the right shoulder. The right shoulder was positive for the impingement sign. There was right elbow tenderness. There was right wrist tenderness. The treatment plan included 12 additional chiropractic sessions for the right shoulder, right elbow and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic 3xWk x 4Wks to the right shoulder, right elbow and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Elbow, Wrist Forearm and Hand, Manipulation.

Decision rationale: The patient has received chiropractic care for his industrial injuries in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date; are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement, but The MTUS does not recommend manipulation for the shoulder, elbow or wrist. The ODG does not recommend manipulation for the elbow or wrist but it does recommend a limited number of manipulative treatments for the shoulder, 9 sessions over 8 weeks. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There has been no objective functional improvements; with the care in the past per the treating chiropractor's progress notes reviewed. The 12 sessions requested far exceed The MTUS and ODG recommendations. I find that the 12 additional chiropractic sessions requested to the right shoulder, right elbow and right wrist to not be medically necessary or appropriate.